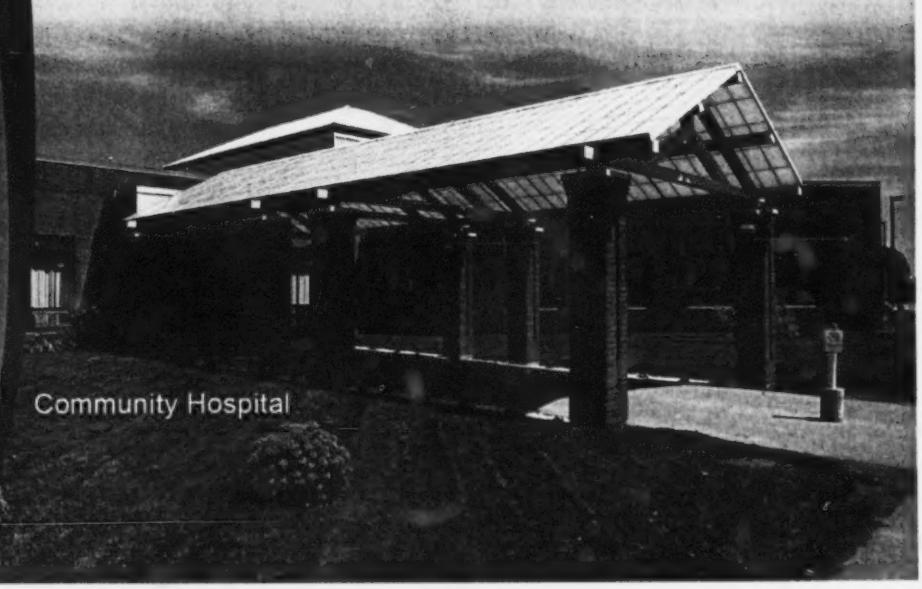
Prince Edward Island
CANADA
Department of Health

O'Leary Community Hospital Authority

Annual Report 2006 - 2007



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Community Hospital O'Leary

Annual Meeting
Minutes
December 11, 2006

Board Members present: Allison Ellis, Ellen Larter, Eileen McCarthy; Justin Rogers, Dr. Herb Dickieson.

Regrets: Thelma Sweet.

Allison Ellis, Chairperson opened the Annual Meeting by welcoming everyone and read his report. John Martin, Administrator read his report. Allison moved the adoption of these two reports. Eileen McCarthy seconded this motion. Motion was carried.

Dr. Dickieson gave a report from the medical staff, as Chief of Staff. He then moved the adoption of his report . Carol Palmer seconded this motion. Motion was carried.

Karen Milligan, Manager of Support Services read her Support Services report - with significant information on Environmental, Dietary and Maintenance services. She moved the adoption of her report. Pauline Stewart seconded Karen's motion. Motion was carried.

Pauline Stewart Manager of Diagnostic Services gave a report on the current status of Diagnostic services ie. Radiology and Laboratory. Pauline moved the adoption of her report. Ellen Larter seconded this motion. Motion was carried.

Carol Palmer, Nurse Coordinator of Margaret Stewart Ellis Home read a report of the services offered in this facility. She moved the adoption of this report. Pauline Stewart seconded this motion. Motion was carried.

General discussion with those in attendance included: physician recruitment efforts, nursing staffing levels, and more integration of Primary Health Services with those of the hospital.

Eileen McCarthy moved adjournment of the meeting.

Chairperson's Report
Community Hospital, O'Leary
November 26, 2007

On behalf of the Board, I want to welcome everyone to the Annual Meeting of the Board of Directors of Community Hospital, O'Leary.

This past year will be remembered for both successes and challenges. In looking to the future, I am hopeful that our successes will continue to outweigh the challenges.

The recruitment of qualified, committed professional staff remains a priority for this Board. We are increasingly moving towards filling all five of our positions with permanent full time physicians. Presently we are now back up to three full time physicians and are optimistic that at our next annual meeting we will be reporting on having all 5 of our positions filled with full time permanent physicians. Presently we have Dr. Herb Dickieson, Dr. Roy Montgomery, and Dr. Charles Dewar who practice in our community on a full time permanent basis. By next summer we will be adding Dr. Gil Grimes from the USA and Dr. Lee Hove from England as full time permanent physicians. This will mean we will have all five of our positions filled.

Government's decision to create the Rural Physician Retention Initiative has been largely responsible for this success to date. Our Board worked very closely with our doctors in negotiating this agreement with government. The many meetings and phone calls which resulted in this initiative have certainly paid off. We now have a very good opportunity to stabilize our medical services here in O'Leary.

Of equal importance to the Board this past year has been the very fragile situation that our nursing department has been in. We have been in an understaffed situation for many years. With maternity leaves, retirements etc. we have relied for too long on our small number of nurses to carry us through. We know we had to do something to improve our number of nurses working here and began negotiating with government in 2005 to improve the complement of nurses which was allocated in our budget. Early this year, government approved 2 of the 4.2 nurses positions that we had requested. The remaining 2.2 nurse positions were promised in the next year's budget. By the end of the summer, we were able to recruit new nurses into our positions. This has been the first step to getting our staffing to the point that we are always operating at a safe level of care. We are presently in negotiations with the current government to finalize the attainment of the remaining needed 2.2 positions. All of our nursing staff must be commended for their patience throughout this process.

While the report on a single centrally located hospital facility has not yet been discussed with the new government. It is hoped that there will be a response from government on the recommendations on the Master Program soon. In the meanwhile, our Board continues to advocate for Community Hospital, O'Leary. The services of our hospital are highly used by area residents and will continue to our focus as a Board.

The hospital is dependent on the support of all departments including: lab, x-ray, physio, pharmacy, support services, admitting, medical records, and administration. The cooperation amongst all areas within the facility is what makes for good quality care for the local residents. This is recognized and appreciated.

At this time I must also recognize the tremendous work of the O'Leary Community Health Foundation and the Ladies Auxiliary. These two organizations have risen to the challenge of keeping the equipment needs of our facility well supported. Our community is far stronger because of your dedication to Community Hospital.

I would like to thank the Board for their tireless support this past year. Special thanks must go to Thelma Sweet who fills in for me when I am out of the country during the winter months.

In closing I would like to ask all in attendance to remember our former Board Member Ellen Larter who died suddenly earlier this year. Please bow your heads in a moments silence.

Respectfully submitted

Allison Ellis
Chairperson
Board of Directors
Community Hospital, O'Leary

Administrator's Report
Community Hospital O'Leary Annual Meeting
November 26, 2007

Community Hospital, O'Leary continues to be a vital part of the lives of many local residents. The services which are available to the public are utilized widely within the region with area residents having a long history of patronizing the facility.

Recruitment of qualified professional staff remains a challenge. However, I am pleased to report that the intensive efforts are beginning to show positive results now, and into the future. In the fiscal year 2005 - 2006 we have had the benefit of physician support from 2 permanent physicians, 2 contract physicians and 5 locums. Presently the hospital has the support of 3 permanent physician, 1 contract physician and 2 locums. In 2008 there are agreements in place that will result in the hospital having 5 full time permanent physicians. The government's decision to introduce the Rural Physician Retention Initiative has in large part led to this success. Indeed there is reason for optimism. Increasingly patients needing primary health care are able to be seen in the Beechwood Health Centre as opposed to the longer waits in the Emergency Department.

While the complement of Registered Nurses in our facility has been low as well, there is also reason for optimism in this area. In fiscal year 2005 - 2006 two (2) additional full time RN positions were added to the Community Hospital ranks, with a promise for 2.2 additional positions for the next fiscal year. Not only have these positions been filled, but there are presently 4th year students within the UPEI Nursing program who have indicated that they will return to work at Community Hospital, O'Leary upon graduating in the spring of 2008. While the aging workforce gives rise to concern for increased retirements, the Registered Nursing staff at Community Hospital, O'Leary is a relatively young staff with minimal impact expected due to retirements. The ongoing support of the LPN's and Ward Clerks must be recognised here as well as having an integral role within the nursing team.

The retirement and marriage of Sylvia Horne-Yeo must be noted. After 42 years of nursing at Community Hospital, O'Leary she retired in glory with a wedding having taken place shortly after wards. This was an event celebrated by all.

Physiotherapy services continue to be a model of efficiency. Despite a reduction of 0.2 physiotherapy time to the hospital, with the addition of a 0.2 Physio Aide there has actually been an increase of 16% of attendances provided. Having said this, the physiotherapy positions available within West Prince are still only 27% of the national average thus a significant waiting list for service exists.

Pharmacy services in all facilities on Prince Edward Island were thoroughly reviewed this past year. While the recommendations of this review are yet to be implemented. The services which are presently provided in our hospital were highly rated. It is hoped that with an adjustment to

the resources available, that more pharmacist time will be available for patients and staff education.

Diagnostic services benefited from the addition of a new HemoAnalysis unit as well as other equipment upgrades. The amount of hours the exiting staff continue to work in addition to their normal hours is extraordinary. The 3.5 positions attached to the lab and X-ray services must cover the lab 24 hours per day, 365 days per year. This is quite a feat at the best of times. However, this year, staff were challenged with the eb and flow of staffing levels for a variety of leaves etc.

Support Services within the hospital include environmental services (housekeeping), dietary services, laundry, maintenance, and CSR (the sterilization service). Visitors, volunteers, staff, and even the national surveyors with the Canadian Council for Health Services Accreditation have noted the high quality of care which is given to our building, as well as the excellent dietary services. The staff of this division take great pride in a job well done.

Of significant note as well is the addition of yet another 400 hundred trees which have been planted on the periphery of our property. Thanks must be extended to Mrs. Frankie Dewar who facilitates this event (now two consecutive years) and also to the Forestry Service of the Department of Energy and Forestry.

The Admitting staff and Medical Records staff have daunting tasks. In many ways they work in physical isolation of other staff, often dealing with a whole variety of needs and concerns alone at the front desk. They are well trained and capable of responding to the patients and families as they present themselves to our facility. They have had many challenges and have done very well in addressing them.

The staff of Margaret Stewart Ellis Home although not part of the hospital staff are certainly supportive neighbors who have provided extra help and support to us when needed.

The support of our partners in Home Care, Public Health Nursing, Additions and Mental Health, Social Services and Beechwood Community Health Centre must also be noted.

The Pastoral Care Committee which services the Health Care facilities in West Prince has been a steadfast supporter of our patients, their families and our staff. They are there when called upon at any hour of the day or nite. To them much thanks is owed.

Evening and night security has been added to the facility. This is keeping with all other hospitals on Prince Edward Island which have done the same. Staff have a greater sense of support and safety with the addition of this service.

Finally, I have had the privilege of working with a very talented Management Team and an extremely committed and talented Board of Directors. Without the trust and support of these colleagues and Directors so much of what has been accomplished this past year would not have happened. To each of you I thank you. Most especially, I would like to thank Darlene Everett who has provided me with the right hand support needed to carry me through some of the tougher spots that were encountered over this past year.

Our time this year has been marked with marriages of staff and family members of staff, births to staff and children of staff, and with the sad passing of patients, friends and family.

I too wish to acknowledge the loss of Board Member Ellen Larter. She had a strong presence on the Board and to this day is missed.

Respectfully submitted: John Martin

COMMUNITY HOSPITAL, O'LEARY

ANNUAL MEETING

CHIEF OF MEDICAL STAFF REPORT

NOVEMBER 26, 2007

Mr. Chair:

Another productive year has passed at Community Hospital. Our physicians have participated in regular monthly meetings to address ongoing issues affecting our institution as well as their regular clinical work at the Beechwood Community Health Centre and the hospital. Staff recruitment in the areas of nursing, physicians and diagnostics continue to be a challenge.

Medical staffing at this year's end is much more favourable than at the beginning of 2007. Dr. Charles Dewar continues with a busy practice at the Beechwood Centre. Dr. Abdulrahem Laftah and myself have full practices and provide call duty for Community Hospital. Dr. David Morgan served at O'Leary from February to August. In November Dr. Roy Montgomery was welcomed to the full time medical staff in O'Leary as he transferred from his Tyne Valley practice.

We have been blessed with two long term locums, Dr. Andries van Zyl and Dr. David MacLean, who have been returning regularly to our area. Physicians who have offered shorter term locums include Drs. Wade Kean, Jacques Blackman, Ian MacKay and Anuradha Khanna.

We welcomed our new Director of Nursing, Pam Seitz, this year and support her calls for infection control provision and of enhancement of the Nursing Department staff complement at Community Hospital.

In July and early August we faced a severe nursing shortage that caused a temporary, but significant bed closure. With the support of hospital staff and public we managed to endure the service disruption.

As Chief of Medical Staff, it has been a privilege to participate in the New West Prince Hospital Role Study/Master Program Committee that developed a functional design for the new facility which will be forwarded to Health Minister, Honourable Doug Currie, in early December.

All were saddened by the sudden and untimely death of board member Ellen Larter in June.

We have worked with the Hospital Board to facilitate physician recruitment to the area. Our combined efforts have made progress with the establishment of the Rural Physician Sustainability Initiative. The initiative has been key to attracting doctors to rural Prince Edward Island. We are optimistic that this program will be part of the new contract for physicians.

Chief of Medical Staff Report Annual Report November 26, 2007

Having more physicians at Community Hospital has allowed increased participation in continuing medical education individually or in groups. For example, four physicians at Community Hospital and several nurses completed the Advanced Cardiac Life Support course in October.

The greatest asset of Community Hospital remains in the steadfast commitment of our caring staff and the dedicated volunteers of the Hospital Auxiliary, Foundation and Board.

In closing, I wish to thank the Community Hospital Board and our administrator, John Martin, for their ongoing support of our hospital and the service it provides West Prince residents.

Dr. Herb Dickieson
Chief of Medical Staff
Community Hospital, O'Leary

Nursing Report 2006/2007

Nursing Leadership in Acute Care – In September 2006, Cheryl Doran, Nurse Coordinator left Community Hospital O'Leary and a search for her replacement was initiated. Pamela Seitz was hired in February 2007.

Safe Nursing Staff Levels – Throughout 2006 and 2007, the nurse coordinator, the administrator and the Board of Community Hospital have struggled to maintain an adequate number of registered nurses to provide nursing care to the patients who present in emergency and who are admitted to the hospital. Our emergency room continued to be extremely busy and a record number of patients were seen in the emergency department in 2006/2007. The Board submitted a proposal to the government seeking increased RN resources to safely staff the 13 inpatient beds, the 3 observation beds and our emergency room. Our present funding for RN staffing is based on our hospital having 10 beds, and this funding is no longer considered adequate to ensure patient safety.

Acute Care Continuous Quality Improvement – The acute care team continued to meet to address quality issues and prepare for an accreditation survey, scheduled for September 2007. A regional team and our facility team were led by one of our Clinical Leaders, who provided leadership to multidisciplinary team members from Stewart Memorial Hospital, Western Hospital and Community Hospital.

Infection Control – For several years, there have been no dedicated resources for an infection control program, west of Summerside. A regional infection control committee meets to address facility issues; however no infection control expertise is available to provide guidance and consultation. This is considered to be a serious risk management issue, particularly as an infection control program and regional pandemic planning demands an infection control practitioner. This is a required organizational practice, as identified by the Canadian Council of Health Services Accreditation, and the Board, the Medical Staff and Nursing Staff are concerned about the risks associated with not having appropriate resources available to them.

Dedicated Nursing Staff – Our nursing staff at Community Hospital O'Leary continues to provide nursing care, which follows national standards; however the nurses are concerned about patient safety, based on present funding levels for registered nurses. Nursing staff met with the Board and the administrator to voice their concerns, and the demand for increased funding for adequate number of registered nurses was submitted to the Minister of Health. Our nursing staff has put in long hours, have worked overtime, and have gone without appropriate time off and vacation, to ensure that our inpatient nursing unit and our emergency room are staffed. This demonstrates community commitment and dedication to the citizens of O'Leary and surrounding areas.

Pamela Seitz, RN, BScN, MScN
Director of Nursing

Support Services

Nutrition Services

Nutrition Services serves all areas of the facility and is comprised of the following staffing compliment:

Cook II :	1.4 Full Time Equivalents
Cook I :	1.4 Full Time Equivalents
Service Worker I :	4.2 Full Time Equivalents
Total Compliment:	**7.0**

Currently this department can serve up to 180 meals per day. This number includes acute care patients, long term care patients, Meals on Wheels Clients, staff and visitors. Much catering is also provided for meetings, recruitment purposes, resident activities, etc... As a general rule additional staffing is not scheduled to prepare for these functions.

No major purchases were required this year although many small-wares required replacing.

Environmental Services

Environmental Services and Laundry serve all areas of the facility and is comprised of the following staffing compliment:

Service Worker I :	7.2 Full Time Equivalents
Service Worker I :	0.4 Full Time Equivalent (Beechwood Community Health Centre)
Total Compliment :	**7.6**

This team is responsible for all cleaning and sanitizing activities within the facility.
Those staff who work in the laundry wash in excess of 410 lbs of linen and personal items daily.
The employee assigned to the Beechwood Community Health Care Centre has sole responsibility for that facility.

No major purchases were required this year.

Diagnostic Services Report
Fiscal Year April 1, 2006 - March 31, 2007

It has been another very busy year in the Diagnostic Department of Lab, X-Ray and E.C.G. Staff have worked over and above the call of duty to ensure the Diagnostic Department remained open 24/7. Staffing is so short in numbers that we resort to our two casual staff members. Both members are working between 80 -100% all year to cover sick days, vacation days and various meetings that are happening in the region and provincially. Our workload has increased over the past year which is the trend with our aging Population, and the recruitment of additional Physicians.

Our Stats for Lab were:

Total In Patient and Out Patient Collections	9667
Total number of tests done on site	92,411
Total Number of Tests Referred out	21,280

Our Stats for X-Ray were:

X-Ray Clients		2,842
X-Ray Procedures	3,432	

Our Stats for E.C.G. were:

E.C.G. Carried out:	1,830
Holter Monitors/Event Recorders	109

We are very grateful to the Hospital Auxiliary for the new Refrigerator used to store our reagents and controls. This Refrigerator is state of the art with alarms to warn the staff if the temperature is not between 2-8 degrees.

At present we have the funding for a new E.C.G . Machine from the Foundation. We are now in the process of a Provincial Bid to purchase this piece of Equipment. By going Provincially we will be able to purchase this unit at a decreased cost.. All hospitals on the Island except P.C.H. are in on the bid.

One area of improvement is that we now have a seven day a week Courier Service . This allows us to send samples we do not do in smaller Hospitals to the larger centers, thus cutting down the number of days, waiting for results.

In Radiology we have been able to secure four Provincial Positions that we share with all other hospitals in the Province. A quality Control Technologist, a Quality Risk Co-ordinator, a Provincial Technical Director and a Medical Physicists. These resources are invaluable in allowing all Radiology Departments to work as one unit and thus making it easier for the Radiologists to carry out their duties. Our third R.T.R. has completed her cross training in Lab and now can work in both Lab and X-Ray. This is a real asset in a small hospital setting.

I am so very grateful to the entire Diagnostic Staff for their professionalism and loyalty to the Patients of Community Hospital Catchment area. Resources are being looked at for additional staffing with the increased workload.

In July 2007, our former Regional Diagnostic Manager left on a leave of absence for one year. I have been working very closely with the interim Diagnostic Manager of Western Hospital as we share Staff. This allows us very little movement for staffing issues. I still continue to do bench work and take call, because we need all staff to cover the 24/7.

In closing I would like to thank our C.E.O. John Martin for his continued support and direction. I would not be able to carry out this position as manager without the hard work and professionalism of our purchasing Department, namely Mary Oulton and Karen Barbour.

We continue to carry out all procedures in a safe quality controlled environment to ensure our Patients receive the best possible care.

Respectfully submitted

Roger Jeffery
Acting Diagnostic Manager

Margaret Stewart Ellis Home

Mission Statement

Our Long Term Care Facility exists to provide quality resident-centered care to our seniors with special needs by qualified personnel in an environment which recognizes the need for comfort respect and dignity.

It has been another exciting and busy year at Margaret Stewart Ellis Home (MSEH). There have been 8 permanent admissions and 8 respite admissions. There were 8 deaths. There continues to be a waiting list for admission. The respite bed provides short term relief for car givers from 3 days to 30 days as required. We try to have the respite bed available to provide this much needed support for the care givers. Recruitment if staff continues to be a challenge. One full time RN Supervisor relocated off Island and one full time LPN moved closer to her home. It has been a struggle to fill these positions. At present, our positions are filled but this can change at any time. Staff continue to work diligently to provide excellent care to our residents

November 5, 2007 the official opening was held for the new garden. Every person has the right to have assess to the out of doors. It has been a goal since MSEH opened to have an outdoor area that the residents could have free access to. Last year a fence was constructed to close the courtyard. In the fall, with donations from the Community Health Foundation and the Ladies Auxiliary, cement sidewalks were constructed. This year a grant was obtained from Farm Credit Canada for $15,800. A portion of this money was used to build a gazebo in the center of the courtyard. The gazebo has a fully finished ceiling with lights and electrical outlets. Loads of fill were added and the lawns grassed. Monies were also obtained from Green Spaces to add trees and shrubs. Flowers beds were constructed. Patio furniture was purchased with funding from the O'Leary Senior Sunshine Club. This has been a very exciting time for all of us. The residents have enjoyed watching the progress and have offered many useful tips. Next year we plan to build raised flower beds so that the residents can do some gardening.

The Activity Department is always very busy. We have numerous parties and outing for the residents on a regular basis. Each month we have birthday parties and when a resident arrives we do a welcome party. We have teas and socials, happy hour, movie days, etc. On a regular basis we have exercise programs, sing along time, story telling, bingo, church, etc.

We are please at the possibility of purchasing a new century tub. This will be a great benefit to the residents and ensure the safety of staff.

Thank you to everyone who has supported us over the last year. The Community Health Foundation and the Auxiliary continue to provide much needed financial support. We do continue to have volunteers who come on regular basis. I want to thank the Board of Community Hospital, O'Leary and John Martin for their ongoing support.

Respectfully submitted
Carol Palmer, RN, Nurse Coordinator